

Learning Objectives

At conclusion of this activity participants should be able to:

- Identify common mental and medical health needs of the commercial sexual exploitation of a child (CSEC) population
- Understand appropriate interventions to meet mental and medical health needs of the CSEC population
- Gain knowledge on what an assessment at a child advocacy center (CAC) could look like
 - Apply aspects of the Stages of Change Model to their clients/patients
 - Define complex trauma


CME Disclosure

None of the planners and faculty for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

CSEC 102

- Participants understand dynamics and risk factors that can lead to youth engaging CSEC
- Go through case of Nelly
- Highlight teaching points
- Therapy patient of Ms. Helms
- Share text messages/videos

Teaching Points



- Physician knowledge

Top 5 Points of Access

1. General Social Services
2. Law Enforcement
3. Supportive Friends or Family
4. **Health Services**
5. Child Welfare System



*2016 national statistics from polarisproject.org website based off calls received by the National Human Trafficking Hotline from survivors

Initial Presentation

- Child accompanied by other children and only one adult
- Child provides changing information regarding demographics
- Chief complaint is acute sexual assault or acute physical assault
- Child is poor historian or disoriented from sleep deprivation or drug intoxication

Historical Factors

- Multiple sexually transmitted infections (STIs)
- Previous pregnancy/abortion
- Frequent visits for emergency contraception
- Chronic runaway behavior
- Chronic truancy or problems in school
- History of sexual abuse/physical abuse/neglect
- Involvement of child protective services (especially resource care/group home)
- Involvement with department of juvenile justice
- Significantly older boyfriend
- Frequent substance use/misuse
- Lack of medical home and/or frequent emergency department visits

Greenbaum et al *Pediatrics* 2015

Methods

Survey was sent to providers in specialties that would be most likely to encounter victims of sex trafficking.

Beck et al 2015

Results

- 500 survey recipients
 - 168 participants responded
- 63% of respondents never received training on how to identify sex trafficking victims
- Greatest barriers to identification of victims reported were lack of training (34%) and awareness (22%) of sex trafficking

Beck et al 2015

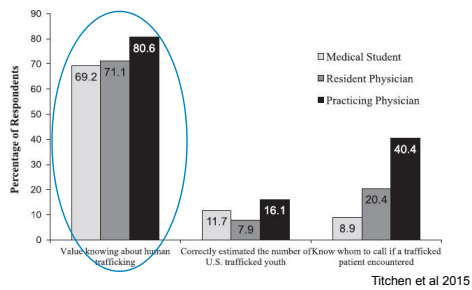
Objectives:

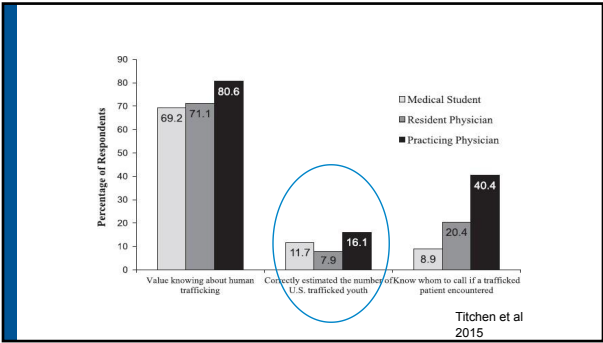
- Assess medical trainees and practicing physicians
 - Awareness
 - Importance to their practice

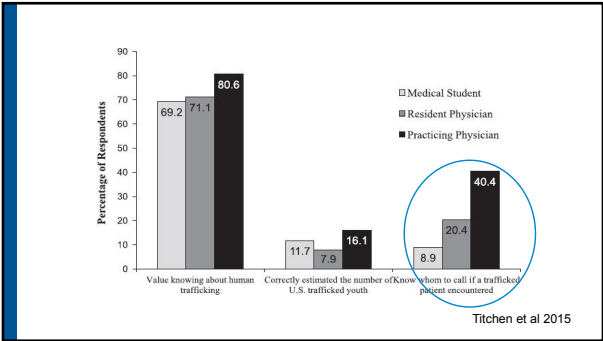
Methods:

- Anonymous electronic survey
- Convenience sample
- 1648 medical students, residents, and practicing physicians in US

Titchen et al 2015







Teaching Points

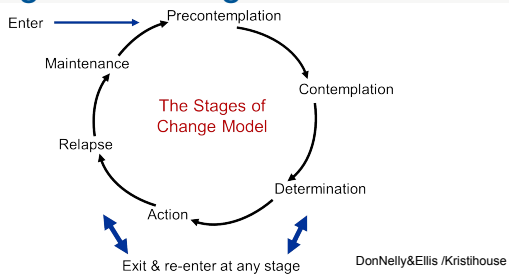
- Stages of change model
- Assessment at CAC

Stages of Change Model

- Developed in late 1970s and early 1980s at the University of Rhode Island
 - Studying how smokers were able to give up their habits or addiction
- Behavior change does not happen in one step
- Rather, people tend to progress through different stages on their way to successful change

DonNelly & Ellis /Kristhouse

Stages of Change Model



Disclosures

Disclosure is a **PROCESS** not an **EVENT**

- Denial
- Disclosure
- Recantation
- Reaffirmation

What Stage is Nelly

Precontemplation stage

- Immediate needs
 - Forensic interview
- Physical exam
 - Sexually Transmitted Infections (STIs)
 - Forensic Evidence Kit (FEK)

Physical Examination

High risk behaviors

- Reproductive health history
 - Amount, age, number of partners
 - History of prior pregnancy, sexually transmitted infections (STIs)
- Alcohol/substance use/misuse
- Asking about involvement in CSEC
- Mental health screen

Reproductive Health History

- Clarification around STI testing
- Youth generally see medical providers as someone who helps them
- May facilitate disclosure of additional information not obtained by CPS or LEA

Screening Tool

A Short Screening Tool to Identify Victims of Child Sex Trafficking in the Health Care Setting

V. Jordan Greenbaum, MD, Martha Dold, DNP, FNP-BC,* and Courtney McCracken, PhD†*

TABLE 3. Six-Item Screening Questionnaire

- Is there a previous history of drug and/or alcohol use?
- Has the youth ever run away from home?
- Has the youth ever been involved with law enforcement?
- Has the youth ever broken a bone, had traumatic loss of consciousness, or sustained a significant wound?
- Has the youth ever had a sexually transmitted infection?
- Does the youth have a history of sexual activity with more than 5 partners?

Screening Tool

- Specific population: 13 to 17 year olds
- English speaking
- Patient with specific complaints
- Only assesses risk of sex trafficking

Questioning Based on Clinical Experience

- Making it the norm
 - "I see lots of teenagers who..."
 - "Do you know anyone who/have friends who..."
 - "Have you..."

Questioning Based on Clinical Experience

- Asked you to exchange sex for something you needed like money, a cell phone, clothes, food, shelter, or other items
- Asked you to have sex with another person
- Taken a picture of you or posted such a picture on the internet

Goldberg 2019

What Stage is Nelly

Precontemplation stage

- Immediate needs
- Testing for STIs

Teaching Points



- Acute care

Approach Like ASA

- Offer FEK
 - Often refuse
- STI testing/prophylaxis
- HIV Post Exposure Prophylaxis
 - Based on exposure and adherence
- Pregnancy prophylaxis
- Psychiatric screen

ASA vs. CSEC

Key differences

- Ongoing exposure to violence
 - Psychological implications (i.e. suicidality)
 - Risk of injury/death
- Ongoing STI/pregnancy risk
- Ongoing exposure to substance use
 - Risk of death/overdose

Acute Care

- Assessing overall health
 - Nutrition status
 - Complete blood count/metabolic profile and vitamin D levels
 - Interferon-gamma testing (Quantiferon Gold)
 - Detection of tuberculosis (TB) infection
- Document non-genital injuries
 - Tattoos
 - Dental decay/trauma
 - Physical assault findings
- Urine drug testing
 - Offered services for withdrawal or substance abuse if needed

Kappel et al 2020

BRIEF REPORT

Tattoo Recognition in Screening for Victims of Human Trafficking

Shelley Fang, BS, BSA,* John Coverdale, MD, MEd,† Phuong Nguyen, PhD,† and Mollie Gordon, MD†

The Journal of Nervous and Mental Disease • Volume 206, Number 10, October 2018

Tattoos

Only five articles described tattoos related to human trafficking

- Traffickers
 - Symbols of wealth
 - e.g., gold bars, currency symbols, the letters "ATM," crowns, barcodes, or money bags
 - Shows victim's value was tied to income victims could generate
- Victims
 - Bearing names or aliases of their traffickers to indicate ownership
 - Especially ones used possessively
 - e.g., John's girl, property of Salem, Kelly 2017, Survivor's Ink 2013
 - Tattoos bearing profanity were common among victims

Tattoos (continued)

- Sometimes professional-grade; many are unelaborate and of poor quality due to their homemade nature
- Locations varied
- Branding
- Longer in the life, more tattoos seen
- Photodocument them
 - Ask who did it and
 - What does it mean

Teaching Points



- Bottom
- Perceived resistance
- Safe Harbor laws



Bottom

- Female appointed by the trafficker to supervise and report violations
 - Help instruct victims
 - Collect money
 - Book hotel rooms
 - Post ads
 - Inflict punishments

Perceived Resistance

- Provider's interpretation of patient's behavior as oppositional or non-compliant
- May in fact be trauma symptoms, self-preservation, or survival skills
- What does "resistant" behavior tell us about:
 - Child's medical or mental health needs?
 - Where the child is in Stages of Change Model?

Safe Harbor Laws

- Types of state legislation that prohibit youth from being criminally charged for selling or exchanging sex
- Laws that criminalize minors for exchanging sex can be barrier to youth engaging in services
- Youth's resistance to engage in services may stem from a desire to avoid "catching a case"

Teaching Points



- Follow-up care

Unconditional Positive Regard

- Psychotherapy concept by Carl Rogers
 - Involves showing unlimited acceptance and support for a patient/client
- CSEC patients can be highly attuned to judgment and shaming
 - Need to know that receiving care is not conditional based on how "likable" they are
- All staff and providers can extend unconditional positive regard to patients

Follow-up Care

This is a population that needs follow-up:

- Family Planning
 - STI testing and treatment
 - Pregnancy
 - Contraception
- Baseline medical issues
- Psychiatric comorbidity

Follow-up Care: Family Planning

- Follow-up based on risk
 - Weekly, monthly, when the patient returns from being AWOL
- Testing for gonorrhea/chlamydia/trichomonas and pregnancy should be dependent on symptoms
 - Will you be able to locate the patient if testing is positive?
- HIV, syphilis, Hepatitis B/C – at minimum yearly
- Genital Examinations based on symptoms and patient request
- Advocating for long-acting reversible contraceptive (LARC) placement

Follow-up Care: Baseline Medical

- Initial assessments at child abuse assessment center then follow up at an adolescent specialized clinic
 - Annual well visits/follow-up appointments
 - Continued family planning
 - HIV pre-exposure prophylaxis (PrEP)
 - Ensuring immunizations are up to date
- Frequent runner
 - Immunizations, LARC placement, presumptive treatment of STIs

Kappel et al 2020

What stage is Nelly

Determination or preparation stage

- Immediate needs
 - Forensic interview
 - Therapy

Post-interview Suicide Screen

- Attempted to do the asQ (Ask Suicide-Screening Questions) screening tool with Nelly
- Spontaneously started talking about how she had engaged in cutting behavior three days ago
- She frequently had suicidal thoughts of hanging herself
 - Since she started living with her mother and as recently as while she was in jail
- Transitioned to Ms. Helms to complete asQ for safety planning

Teaching Points



- Stabilization & mental health treatment
- Understanding complex trauma

Mental Health Diagnoses

- Trafficked children are at increased risk for:
 - Mood disorders
 - Anxiety disorders
 - Dissociative disorders
 - Substance use disorders
 - Impulse control
 - Conduct disorder
 - ADHD
 - Antisocial personality traits
 - PTSD and Complex-PTSD

Williamson 2008

Complex Trauma

- Refers to type and impact
 - Trauma events are usual multiple, chronic, and interpersonal
 - Physical/sexual abuse, neglect, witnessing/experiencing domestic violence, human trafficking, refugee camp, etc.
 - Resources that should go to developmental milestones are re-directed toward survival

Courtois
2004/NCTSN.org

Effects of Complex Trauma

- Attachment and relationship difficulties
- Difficulty with emotional modulation and expression
- Difficulty with self-regulation
- Difficulty with thinking clearly, reasoning, problem solving
- Chronic physical issues, such as headache or stomachache
- Self-blame, shame, guilt, low self-esteem, poor self-image

Teaching Points



- Assessment
- Trauma treatment

Assessment & Case Formulation

- Identify presenting concerns
- Identify current symptoms
- Comorbid concerns
- Diagnostic impression
- Treatment planning

Identify Presenting Concerns

▪ Nelly presented for therapy due to concerns of commercial sexual exploitation, which she described as being "sex trafficked"

Additional history of trauma and adverse events include:

- Prior evaluation at CARES Northwest in 2016 due to concerns of sexual abuse by an adult male relative
- Extensive CPS history for family including multiple assessments each year from 2015-2017, and assessments each year from 2018-2020

Identify Current Symptoms

Nelly self-reported:

- Frequent flashbacks
- Feeling rapid heartbeat, sweaty, and emotional when reminded of abuse
- Tries to avoid thinking/talking about, or being reminded about the abuse
- Negative thoughts about herself, feels like she is "just a ho", is dirty, and is to blame for what happened
- Strong feelings of shame
- Difficulty feeling positive emotions
- Frequent anger and lashing out at others
- Feelings of hopelessness, stating "doesn't have any fight left"

Identify Current Symptoms, continued

Mental health providers/juvenile court counselor at Juvenile Detention observed Nelly:

- Curl up in the fetal position and rock back and forth when distraught, push her fingers very hard into temples while dissociating, and bang head
- Both observed her to pull out hair during times of distress

Comorbid Concerns

- Nelly requested that her mother not be involved in her treatment due to the high conflict nature of their relationship
- During course of treatment, Nelly endorses unresolved/prolonged bereavement due to grieving unexpected death of her father in 2020
- Self-described “daddy’s girl” and feels like she has not been able to process this loss

Diagnostic Impression

Diagnosis:

- 309.81 (F43.10) - Posttraumatic Stress Disorder
- V61.21 (Z69.020) - Encounter for Mental Health Services for Victim of Nonparental Child Sexual Abuse
- V61.21 (Z69.020) - Encounter for Mental Health Services for Victim of Nonparental Child Psychological Abuse

Other Conditions that May be Focus of Clinical Attention:

- V62.3 (Z55.9) - Academic or Educational Problem
- V62.9 (Z60.9) - Unspecified Problem Related to Social Environment
- V62.5 (Z65.3) - Problems Related to Other Legal Circumstances
- V62.89 (Z64.4) - Discord with Social Service Provider, Including Probation Officer, Case Manager, or Social Services Worker
- V15.59 (Z91.5) - Personal History of Self-Harm

Trauma Focused Cognitive Behavioral Therapy

(TF-CBT)

- Components-based trauma therapy delivered in three phases:
 - Safety & stabilization, formal gradual exposure, and consolidation/integration
- Components
 - Psychoeducation & Parenting
 - Relaxation Skills
 - Affective Coping
 - Cognitive Coping
 - Trauma Narration & Cognitive Processing
 - In Vivo Mastery of Trauma Reminders
 - Conjoint Parent Child Sessions
 - Enhancing Safety

Referral Criteria for TF-CBT for CSEC

A CSE child may be appropriate for TF-CBT under the following conditions:

- Exposure to at least one remembered trauma
 - May be a trauma other than CSE
- Significant trauma-related symptoms that will be the focus of treatment
 - Post-traumatic stress symptoms (doesn't need to meet full PTSD criteria), depression, anxiety
- Cognitive, interpersonal, behavioral dysregulation related to trauma
 - Child is agreeable to participate in trauma treatment
 - Youth only needs to be willing to engage in treatment
 - They do NOT need to agree that CSE is focus of treatment

Kinnish et al 2021

Safety First

- Enhancing Safety Phase of treatment is introduced first
 - Survival skills and coping strategies that have helped youth in past may now be unsafe
 - Safety first often looks like harm reduction
 - Nelly: Continued conversations about contraception and engaging with sexual partners safely

Kinnish et al 2021

Therapist as Trauma Reminder

- Acknowledge and recognize that the therapist may be a trauma reminder as clients have often been harmed by caregivers
- Youth may inherently distrust therapist who they see as extension of systems that have harmed youth
- For youth with multi-system involvement, remain conscious of responsibility to be allied with client
- Nelly: Acknowledged my limitations in knowing what she's been through due to being "very square white millennial" and engaged in advocacy for her with her juvenile court counselor

Kinnish et al 2021

Addressing Ongoing Traumas

- Differentiate between ongoing traumatic events and “crisis of the week”
- Respond and provide care in moment to mitigate traumatic stress response

Creative Engagement

- Get creative with how sessions are conducted, especially if youth have unstable housing, telephone, or video; community-based sessions may also be appropriate
- Exert more effort in terms of scheduling and follow up for sessions
- Lean in to allowing youth to “spill the tea”, share memes, or videos
- Allow youth the option of engaging in crafts or “younger” activities during the session
- Use self-deprecation and intentional self-disclosure

Teaching Points



- Survivor-informed services
- Redefining success

Redefining Success

- Redefining "successful outcomes" for this population is essential
- Be able to let go of our own expectations
- Meeting the child where they are at
- Less likely to burnout
- Small achievable milestones

Key Points

- Flexibility with scheduling and "make up" appointments
- Forensic exam and interview administered at different times
- Overemphasize youth's choice to opt out of aspects of exam
- Adaptability with therapy youth receives

Resources

- The Life Story: <https://thelifestory.org>
- F-CBT for CSEC Implementation Manual: <https://tfcbt.org/tf-cbt-for-csec-implementation-manual/>
- Stages of Change for CSEC:
<https://safesupportivelearning.ed.gov/sites/default/files/Stages%20of%20Change%20and%20CSEC%20Pre-Reading%20Advanced%20Clinical%20Training.pdf>
- HEAL Trafficking: <https://healtrafficking.org>
- National Child Traumatic Stress Network:
<https://www.nctsn.org/resources/understanding-complex-%20%20needs-commercially>
- National Children's Alliance CSE Resource Toolkit:
<https://learn.nationalchildrensalliance.org/CSEResourceToolkit>

References

- Amsterdam prostitution - Amsterdam.info, www.amsterdam.info › Red Light District.
- *APSSAC Guidelines 2013*. The Commercial Sexual Exploitation of Children: The Medical Provider's Role in Identification, Assessment and Treatment.
- Beck M, Lineer M, Melzer-Lange M, Simpson P, Nugent M, Rabbitt A. Medical providers' understanding of sex trafficking and their experience with at-risk patients. *Pediatrics*. 2015;135(4):e895-e902.
- Donnelly D and Ellis AM. Stages of Change and Working with Commercially Sexually Exploited Youth Lecture presented at: County of San Bernardino Coalition Against Sexual Exploitation.
- Fang S, Coverdate J, Nguyen, P, Gordon M. Tattoo recognition in screening for victims of human trafficking. *The Journal of Nervous and Mental Disease*. 2018; 206 (10).

References (continued)

- Greenbaum, et al. A Short Screening Tool to Identify Victims of Child Sex Trafficking in the Health Care Setting. *Pediatr Emerg Care*. 2015 Nov 23.
- Goldberg, A., Moore, J., Barron, C. "Domestic Minor Sex Trafficking: Guidance for Communicating with Patients." *Hospital Pediatrics* 2019; 9:308.
- Institute of Medicine and National Research Council. *Confronting commercial sexual exploitation and sex trafficking of minors in the United States*. Washington, DC: The National Academies Press; 2013.
- Kinnish, K., Cohen, JA., Mannarino, A., & Kliethermes, M. *TF-CBT for the Commercial Sexual Exploitation of Children (CSEC): An Implementation Manual*. Pittsburgh, PA: Allegheny General Hospital, 2021.
- Markoroff 2002.

References (continued)

- Melbourne Sexual Health Center Treatment Guidelines. *Commercial Sex Workers Screening, Vaccination and Issuing of Certificate*. March 2010.
- National Children's Alliance. *How CACs Can Serve Trafficked and Exploited Children Better*. 2017.
- National Child Traumatic Stress Network : Complex Trauma. nctsn.org.
- *Polaris*. polarisproject.org
- Queensland Sexual Health Clinical Management Guidelines. <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/sex-health/guidelines>
- R. Kappel, et al 2020.

References (continued)

- Rauch, S. A., & Cahill, S. P. (2003). Treatment and prevention of posttraumatic stress disorder. *Primary Psychiatry*, 10(8), 60-65.
- Sanderson C. *Counselling Survivors of Domestic Abuse*. Jessica Kingsley Publishers; 15 June 2008.
- Tilchen, Kanai, Loo, Dyani, Berdan, Elizabeth, et al. Domestic Sex Trafficking of Minors: Medical Student and Physician Awareness. *Pediatric Adolescent Gynecology*.(2015) 1-7.
- Williamson E, Dutch NM, Clawson Caliber HJ. *Evidence-Based Mental Health Treatment for Victims of Human Trafficking*. Dept. of Health & Human Services. 2008. <https://yoc.memberclicks.net/assets/docs/Resources/resources%20-%20mh%20treatment.pdf>

